

Docket No. 0575/59469/JPW/AJM/MVMIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Robert H. DeBellis and Bernard F. Erlanger
Serial No. : 09/828,413 Examiner: S. Saucier
Filed : April 6, 2001 Group Art Unit: 1651
For : METHODS OF TREATING SICKLE CELL DISEASE

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: March 21, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	5 -	* 19 =	*** 0 X	\$25	\$50	=	0	
Indepen-dent Claims	1 -	** 6 =	*** 0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time <u> </u> Yes <u>X</u> No				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE			\$ 0	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter
☒ Return Receipt Postcard
_____ An Information Disclosure Statement, including Form PTO-1449.
(Copies of citations included: Yes _____ No _____
and a fee of \$ _____ included)
_____ A Petition for an Extension of Time, including a fee of
\$ _____ for a Petition for _____ Month(s) Extension of Time
_____ Other (identify): _____

THE TOTAL FEE DUE IS \$ 0.

_____ A check in the amount of \$ _____ is enclosed.

_____ Please charge Deposit Account No. _____ in the amount of
\$ _____.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☒ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,

I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.
3/21/05
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1651
JPW

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Robert H. DeBellis and Bernard F. Erlanger

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Examiner: S. Saucier

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Art Unit: 1651

For: METHODS OF TREATING SICKLE CELL DISEASE

1185 Avenue of the Americas
New York, New York 10036
March 21, 2005

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT IN RESPONSE TO
DECEMBER 20, 2004 OFFICE ACTION

This Amendment is submitted in response to a December 20, 2004 Office Action issued by the United States Patent and Trademark Office in connection with the above-identified application. A response to the December 20, 2004 Office Action was due March 20, 2005. However, since March 20, 2005 is a Sunday, a response on the next succeeding day which is not a Saturday, Sunday or Federal holiday, i.e. Monday, March 21, 2005, is considered timely under 37 C.F.R. §1.7. Accordingly, this Amendment is being timely filed.

Please amend the subject application as follows: